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				Kim M. Fiorentino		(Depositor's name)
				NMH 3	liventeno	(Signature)
			ĺ	6/21/1	2	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/509,040 03/14/2005					3246	
TILE OF INVENTION	I: DEVICE AND METH	OD FOR DETECTING C	CELLULAR PROCESS	ES BY MEANS OF LUM	INESCENCE MEASURE	EMENTS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	. 07/06/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
DOE, SHANTA G		1797	435-288700			
 Change of correspondence address or indication of "Fee Address" (37 JFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government						
ta. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3381 (enclose an extra copy of this form).			
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Authorized Signature Jakif O Shee			Date 6/21/2010			
Typed or printed name Patrick J. O'Shea			Registration No. 35,305			
Alexandra, Virginia 222	13-1-30.				ublic which is to file (and tes to complete, including ents on the amount of tim lemark Office, U.S. Depa ND TO: Commissioner for ays a valid OMB control	by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number.